

Notice to State of Washington Residents:

This is not your insurance policy. To obtain your state-specific insurance policy, visit www.insureamerica.com, or call 1.715.346.0860.

DESCRIPTION OF COVERAGE

Travel Companion

Schedule of Benefits

Trip Cost	Trip Cancellation & Interruption
\$ 1,000	Missed Connection (<i>\$200 per day</i>)
\$ 1,000	Trip Delay
\$ 1,500	Baggage & Personal Effects
\$ 500	Baggage Delay
\$ 50,000	Accident Medical
\$ 50,000	Sickness Medical
\$ 50,000	Emergency Medical Transportation
Included	Travel Guard Assist

IMPORTANT: Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.866.892.2836. For emergency help while on your Trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the policy. You should read it with care so you will understand the coverage. The policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY!
Insurance Coverage

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

- Coverage is valid only if plan cost has been paid -

PRODUCT NUMBER: 008065-P1 7/06

In the event of a claim, please refer to the above Product Number.

Definitions

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means an individual who a) is involved with the Insured or the Insured’s Traveling Companion in a legal partnership; and b) is actively involved in the daily management of the business.

“Children” as used under Emergency Medical Transportation, means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured’s home, under age 19 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

“Common Carrier” means any conveyance operated under a license for the transportation of passengers for hire.

“Complication of Pregnancy” means a condition in which the diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. Complications of Pregnancy do not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip.

“Default” means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

“Destination” means the place where the Insured expects to travel on his/her Trip, as shown on the itinerary.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Financial Default” means either (i) the complete suspension of operations due to financial circumstances, whether or not a bankruptcy petition has been filed, or (ii) a partial suspension of operations following a filing of a bankruptcy petition.

“Hospital” means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged

basis; (3) has 24 hour nursing service by registered nurses (R.N.’s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

“Immediate Family Member” means the Insured’s or Traveling Companion’s spouse, Domestic Partner, child, spouse’s child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, stepbrother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

“Injury” means a bodily Injury, caused by an accident occurring while the Policy is in force as to the Insured whose injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means each person who: (a) enrolls for coverage; (b) for whom plan cost has been paid; and (c) while covered under this Policy.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, PA.

“Medically Necessary” means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Natural Disaster” means a flood, hurricane, tornado, volcano, earthquake, or blizzard that is due to natural causes.

“Physician” means a licensed practitioner of the healing arts, including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or Traveling Companion.

“Pre-existing Condition” means an Injury, Sickness or other condition of the Insured, a Traveling Companion, or an Immediate Family Member booked to travel with the Insured, which, within the 60 day period before the Insured’s coverage began: (a) first manifested itself,

worsened, became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment by a Physician or treatment had been recommended by a Physician.

“Reasonable Additional Expenses” means any expenses for meals, essential phone calls, taxi fares, and lodging which were necessarily incurred, to catch up to the Trip or return home, as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

“Reasonable and Customary Charges” means an expense which: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition; (b) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

“Return Date” means the date on which the Insured is originally scheduled to return from the Trip.

“Return Destination” means the place to which the Insured expects to return from his/her Trip.

“Sickness” means an illness or disease which is diagnosed or treated by a Physician.

“Strike” means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. This includes work slowdowns and sickouts. Coverage is only valid if an Insured’s trip cancellation coverage is effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.

“Traveling Companion” means persons who are booked to accompany the Insured during the Trip.

“Trip” means a Trip for which coverage has been elected and the plan payment paid, and all travel arrangements are arranged by World Travel Holdings prior to the Departure Date of the Trip; the Trip does not exceed 120 days; and the Insured’s Destination is not to another home; travel is primarily by Common Carrier and only incidentally by private conveyance.

Individual Eligibility, Effective, & Termination Dates

Persons eligible for insurance under the policy are any traveler(s) who purchases his/her insurance through or from a properly licensed agent/agency located in the U.S., providing he/she has not already departed on his/her Trip.

Effective Date: Trip Cancellation coverage will be effective immediately upon payment to World Travel Holdings. All other coverages will begin on the latest of: (a) the date and time the Insured starts this Trip; or (b) the scheduled Departure Date.

Termination Date: All coverage ends on the earlier of: (a) the date the Trip is completed; (b) the scheduled Return Date; (c) the Insured’s arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip; (d) cancellation of the Trip covered by the policy.

If your air arrangements are not booked by World Travel Holdings and are greater than 4 total days before and/or after your land or water travel arrangements, you will also be covered for Trip Interruption, Trip Delay, Medical Expense, Emergency Medical Transportation, Baggage & Personal Effects, and Baggage Delay on the day(s) you are flying to/from your destination.

General Exclusions

The following exclusions apply to Trip Cancellation and Interruption, Trip Delay and Medical Expense coverages: any claims arising from Pre-Existing Conditions.

The following exclusions apply to Trip Cancellation & Interruption, Trip Delay, Medical Expense, and Emergency Medical Transportation coverages:

THE INSURANCE DOES NOT COVER ANY LOSS CAUSED BY OR RESULTING FROM: war or any act of war whether declared or not; civil disturbance or insurrection; military duty or service; riding as a pilot, crew member or student pilot on any aircraft or device for aerial navigation; participation in any professional, semiprofessional, or inter-scholastic team sports, participation in contests of speed, motor sports or motor racing, including training or practice for the same; being under the influence of drugs or intoxicants unless prescribed by a Physician; any unlawful acts, committed by the Insured, Immediate Family Member or Traveling Companion, whether insured or not (not applicable to Florida residents); skydiving; scuba or deep sea diving; snow skiing; hang gliding; parachuting; dental treatment except as a result of Injury to sound natural teeth (limited to emergency treatment during the Trip); normal pregnancy, except if hospitalized; childbirth or elective abortion, other than Complications of Pregnancy; mental, psychological, or nervous disorders including, but not limited to anxiety, depression, neurosis, or psychosis, except if hospitalized; loss or damage caused by detention, confiscation, or destruction by customs; if the Insured’s tickets do not contain specific travel dates (open tickets); elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; an Injury, Sickness or death which occurs at a time when this coverage is not in effect.

The following exclusions apply to Baggage and Personal Effects coverage: ANY LOSS OR DAMAGE TO: a) animals; (b) automobiles or automobile equipment; (c) boats; (d) motors; (e) motorcycles; (f) other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); (g) household furniture; (h) prosthetic limbs, false artificial, teeth, dental bridges, any type of eyeglasses, sunglasses or contact lenses; hearing aids; (i) keys, money, stamps, stocks, bonds, notes or securities accounts, bills, currency, deeds, postal or money orders, food stamps or other evidence of debt, credit cards; (j) tickets except for administrative fees required to reissue tickets or documents and valuable papers; (k) sporting equipment if loss or damage results from the use thereof.

ANY LOSS CAUSED BY OR RESULTING FROM: (a) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not (not applicable to Florida residents); (b) loss or damage caused by detention, confiscation or destruction by customs; (c) wear and tear or gradual deterioration; (d) natural defect or damage sustained due to any process or repair; (e) defective materials or craftsmanship; (f) animals, rodents, insects or vermin; (g) inherent vice or damage; (h) confiscation or expropriation by order of any government or public authority; (i) radioactive contamination; (j) mysterious disappearance; (k) sporting equipment damaged while being used; or (l) breakage of brittle or fragile articles, cameras, camera equipment and accessories, musical instruments, radios, and similar property.

PRE-EXISTING CONDITIONS means an Injury, Sickness or other condition of the Insured, a Traveling Companion, or an Immediate Family Member booked to travel with the Insured, which, within the 60 day period before the Insured’s coverage began: (a) first manifested itself, worsened, became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment by a Physician or treatment had been recommended by a Physician. If the Insured has any questions concerning this exclusion, they may call 1.866.892.2836 for further clarification.

The policy does not provide duplicate payments, and is therefore secondary, if there are other sources of reimbursement available as follows:

EXCESS INSURANCE PROVISION

THE INSURANCE PROVIDED UNDER LOSS OF BAGGAGE AND PERSONAL EFFECTS, BAGGAGE DELAY, MEDICAL EXPENSE AND EMERGENCY MEDICAL TRANSPORTATION SHALL BE IN EXCESS OF ALL OTHER VALID AND COLLECTIBLE INSURANCE OR INDEMNITY AND SHALL APPLY ONLY WHEN SUCH OTHER BENEFITS ARE EXHAUSTED.

Trip Cancellation and Interruption

Insurer will pay benefits, to the Maximum Amount shown on the Schedule of Benefits, in the event the Insured is prevented from taking his/her Trip because: (a) Sickness, Injury, or death of an Insured, Immediate Family Member, Traveling Companion or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled, or interrupted. With regard to Sickness or Injury, the severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured or Traveling Companion cancels the Trip. The Insured or Traveling Companion must be under the direct care and attendance of a Physician. (b) Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. Excluded is the organization from which the Insured purchased his/her Trip and this coverage. Financial Default occurring on or before the Insured's effective date of Trip Cancellation coverage or less than seven (7) days after the Insured's effective date of Trip Cancellation coverage will not be covered. (c) The Insured or Traveling Companion are hijacked, quarantined, required to serve on a jury, or required to appear as a witness in a legal action, provided the Insured, a Traveling Companion or an Immediate Family Member traveling with the Insured is not 1) a party to the legal action, or 2) appearing as a law enforcement officer; (d) having your principal residence made uninhabitable by fire, flood, or similar Natural Disaster; (e) the Insured or a Traveling Companion has a documented traffic accident while en route to departure.

This coverage does not cover loss caused by: (i) carrier-caused delays; (ii) Inclement Weather; (iii) changes in plans by the Insured, an Immediate Family Member, or Traveling Companion, for any reason; (iv) financial circumstances of the Insured, an Immediate Family Member, or a Traveling Companion; (v) any business or contractual obligations of the Insured, an Immediate

Family Member, or a Traveling Companion; (vi) Default, cancellations, or changes, by the airline, tour operator, or supplier of travel-related services or lodging; (vii) any government regulation or prohibition; (viii) Strike; (ix) a loss, Injury, or Sickness occurring on or before the Insured's coverage effective date.

Trip Cancellation: The Insurer will reimburse the Insured for non-refundable cancellation charges imposed by the tour operator and/or airfare cancellation charges. The Insurer will reimburse the Insured for the additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled due to reasons shown at the beginning of this section, and the Insured's Trip is not canceled.

Trip Interruption: The Insurer will reimburse the Insured for unused, nonrefundable travel arrangements prepaid to the tour operator and/or the airfare paid, less the value of applied credit from an unused return travel ticket, to return home or rejoin the original land/sea arrangements (limited to the cost of one-way business class or first class, if the Insured's original tickets were business or first class, by scheduled carrier, from the point of Destination to the point of origin shown on the original travel tickets). The Insurer will reimburse the Insured, up to \$100 per day for reasonable additional accommodations and transportation expenses incurred to remain near a covered Traveling Companion or Immediate Family Member who is hospitalized during the Insured's Trip. The Insurer will reimburse the Insured for the additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled due to reasons shown at the beginning of this section, and the Insured's Trip is not canceled.

Special Conditions: The Insured must advise the tour operator as soon as possible in the event of a claim. The Insurer will not pay benefits for any additional charges incurred that would not have been charged if the Insured notified the tour operator of his/her cancellation as soon as reasonably possible.

Trip Delay

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits, if the Insured's Trip is delayed for 12 hours or more, due to (a) carrier-caused delay, (b) Inclement Weather which prohibits Common Carrier departure, (c) Strike, (d) a documented traffic accident while en route to a Trip departure, (e) lost or stolen passports, travel documents, or money; (f) quarantine, hijacking, Natural Disaster, (g) civil commotion. The Insurer will reimburse the Insured for unused, nonrefundable travel arrangements prepaid to the tour operator and/or the airfare paid, less the value of applied credit from an unused return travel ticket, to return

home or rejoin the original land/sea arrangements, and for Reasonable Additional Expenses until travel becomes possible to the originally scheduled destination.

Missed Connection Cruise

The Insurer will reimburse this benefit up to the Maximum Limit shown on the Schedule of Benefits if Inclement Weather causes cancellation or a delay of all regularly scheduled airline flights for three or more hours to your point of departure. You can collect up to \$1,000 for additional transportation costs to join the Trip (must be same class of original tickets purchased). Reasonable accommodations and meals (up to \$200 per day), and the non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source. Common Carrier must certify the delay of the regularly scheduled airline flight.

Baggage and Personal Effects

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits for loss, theft, or damage to Baggage and personal effects during the Trip. The Insurer will pay the least of the following: original cash value of the item less depreciation as determined by the Insurer; or cost of repair or replacement (limit per articles - \$250). If receipts are not provided, benefits may be reduced. There will be a combined maximum limit of \$500 for the following: jewelry, watches; articles consisting in whole or in part of silver, gold, or platinum; furs, and articles trimmed with or made mostly of fur.

Baggage Delay

The Insurer will reimburse incurred expenses up to the Maximum Amount shown on the Schedule of Benefits for Baggage which is delayed or misdirected by a Common Carrier for more than 24 hours for the cost of necessary personal effects. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

Medical Expense Benefit

The Insurer will pay benefits up to the Maximum Amount shown on the Schedule of Benefits if the Insured incurs necessary covered medical expenses as a result of an Injury or Sickness. The Injury must occur and the Sickness must first manifest itself during the Trip. Initial treatment must be received during the Insured's Trip. All services, supplies, or treatment must be received within 52 weeks of the date of the accident or the onset of the Sickness. Covered Expenses are necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician,

surgeon, graduate nurse, dentist except if the Insured incurs such expenses after he or she has reached his or her Return Destination (Injury only); charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations, or treatments and laboratory tests; ambulance service, drugs, medicines, and therapeutic services and supplies. The Insurer will not pay benefits in excess of the Reasonable and Customary Charges.

Emergency Medical Transportation

The Insurer will pay benefits for covered expenses up to the Maximum Amount shown on the Schedule of Benefits if any Injury or emergency Sickness commencing during the Trip results in the Insured's necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured's Injury or Sickness warrants an Emergency Evacuation. Emergency Evacuation means: (a) the Insured's medical condition warrants immediate transportation from the place where he/she is injured or sick to the nearest Hospital where adequate medical treatment can be obtained. Travel Guard Assist will arrange for emergency medical transportation services required by the Insured as the result of any Injury or emergency Sickness during a Trip.

Covered Expenses: The Insurer will pay: (a) Reasonable and Customary Charges for medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) Reasonable and Customary Charges for services for transportation of the Insured's remains to his/her city of burial if he/she dies during a Trip.

If the Insured is hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Insurer will pay subject to the limitations set out herein, for expenses: (a) to return to the United States or Canada (where they reside), with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person. (b) to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is alone but not to exceed the cost of one round-trip economy airfare ticket.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured.

Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured. Services must be provided by a provider designated by the Insurer. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation. Covered expenses are Reasonable and Customary Charges, up to the Maximum Amount shown on the Schedule of Benefits, for transportation, medical services, and medical supplies necessarily incurred in connection with the Insured's Emergency Evacuation. All transportation arrangements made for the Insured's evacuation must be by the most direct and economical route possible.

Expenses for special transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured; AND (c) must be verified and approved in advance by Travel Guard Assist recommended by the attending Physician. Transportation means any land, water, or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. The Insurer will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the tour.

Payment of Claims

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expense), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates and the amount that the Insured paid. Travel Guard will complete the claim form and send it to the Insured for his/her review/signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.866.892.2836).

All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All claims of Tennessee residents will be administered by Mercury Claims and Assistance of WI, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Travel Guard no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Travel Guard has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to Travel Guard by the date claims

would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to: 1) to his/her spouse, if living; 2) if not, in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate. If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment. All other benefits will be payable to the Insured.

Benefits for Medical Expense/Emergency Medical Transportation Services may be payable directly to the provider of the services. However, the provider: a) must comply with the statutory provision for direct payment, and b) must not have been paid from any other sources.

Problems with your insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.866.892.2836.

General Provisions

Acts of Agents – No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on our behalf nor to alter, modify, or waive any of the provisions of the policy.

Autopsy – The Insurer at its own expense, may require an autopsy where permitted by law.

Concealment or Fraud – The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. The

provision does not apply where prohibited by law.

Legal Actions – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater, in FL 5 years) after the date claim forms are due.

Payment of Plan Cost – Coverage is not effective unless all plan cost due has been paid to Travel Guard.

Termination of Coverage – Termination of the coverage will not affect a claim for loss which occurs while the insurance is in force.

Transfer of Coverage – Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Notice to Florida residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

The definition of “Hospital” applicable to residents of Florida includes a facility that is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.866.892.2836.

Notice to North Carolina residents: This Description of Insurance provides all of the applicable benefits mandated by the North Carolina Insurance code, but is issued under a master policy located in another state and may be governed by that state's laws.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by your personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

Travel Guard Assist

All services provided are not financial benefits. Any costs associated with services will be paid by the named Insured.

24-HOUR MEDICAL ASSISTANCE

24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and

Immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the Insured back home when Medically Necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard Assist will assist in arranging the advancement of funds to cover on-site medical expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit: If the Insured is hospitalized for ten or more days, Travel Guard Assist will arrange transportation for an Immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-HOUR LEGAL ASSISTANCE

In a legal emergency, referral to a local legal advisor, and advance of funds for bail and legal fees.

24-HOUR TRAVEL ASSISTANCE

Travel Documents Assistance: Travel Guard Assist will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard Assist will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretation Services: Travel Guard Assist provides emergency language support or referral to the appropriate local services.

Non-insurance services are provided by Travel Guard Assist.

Make sure you call Travel Guard Assist (1.866.892.2836 or 1.715.295.5452) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of

Foreign Assets Control (“OFAC”). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at : www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

**Travel
Guard.**

Travel Smart. Travel Insurance.

When calling from the U.S.,

1.866.892.2836.

When calling from abroad, call collect

1.715.295.5452.

We will coordinate your assistance needs
with the appropriate TGA Center.

Benefits are payable up to the amount of coverage in the insurance policy provided through TRAVEL GUARD. Failure to call Travel Guard Assist may invalidate any payments applicable on your claim. TGA shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.